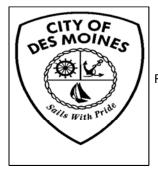
For Office Use Only	
Permit No	



City of Des Moines

SPECIAL EVENT PERMIT APPLICATION

Return to:

Parks, Recreation & Senior Services

1000 S 220th Street Des Moines WA 98198 bwilkins@desmoineswa.gov

City of Des Moines Events Office Phone: (206) 870-6527 ATTN: Bonnie Wilkins Fax: (206) 870-6587

This application must be completed, signed and forwarded to the City of Des Moines at least ninety (90) days prior to the first day of the event (unless authorized by the City Manager). Applications submitted less than 90 days prior to the event may be denied or subject to additional review fees. Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit. Submittal of this application in no way constitutes City of Des Moines approval of the event. Permits are issued at the discretion of the City of Des Moines upon thorough application review. The City of Des Moines reserves the right to reject any Special Event Permit application request for any reason. Please type or print information clearly and attach additional sheets as necessary.

1. EVENT INFORMA	ATION					
	to promote your	event go to www.destin	ationdesmoines	swa.org for m	nore information	
Event Name:						
Event Type:	Festival/Fair Block Party Sporting Event Bicycling Outdoor Marke Photo Shoot/Fi	☐ Boating ☐ Swim/V ☐ Rally/P t ☐ Run/Wa	pating/Rowing wim/Wind Surf llly/Protest ln/Walk lsligious		Event	Exhibits/Displays Food Beverage Vendors Merchandise/Services Vendors Other (describe)
Event Date(s): Indicate Dates/Times OPEN to Attendees	Start Day (of week): Date:	End Day (of week): Date: Hours: Open until closing Each Day		Start Time (example 12:00pm):		End Time (example 12:00pm):
Setup/Take Down Dates:	Start Day: Date:	End Day: Date:	Setup/Take Down Hours Daily:	Start Time (example 12:00pm):		End Time (example 12:00pm):
Event Location:	Describe in detail and attach black and white maps and layouts:					
Event Size:	# of Participants: # of Spectators: # of Staff/\			TOTAL Attendance Expected: (Add all 3 columns)		
Has this event been produced before? Yes No		Is this an Annual Event? Previous Nar		es(s) of Event:		How Many Years?
Are there any changes from previous pears? Yes No No						
Is this event public? Yes No If open to the public, please check all advertisement methods: Is this event private? Yes No TV Radio Internet Posters A-Board* Banners* Inflatable Display *The use of Temporary Special Event Signage (A-Boards, Banners) requires a Sign Special Use Permit. Please fill out the attached Sign Special Event Permit Application or contact Planning, Building & Public Works at 206-870-7576 to obtain permit.						
Briefly describe your event	there. Attach additional	documents if necessary.				

2. APPLICANT INFO	ORMATION							
Sponsoring/Producing O	rganization Name:							
Mailing Address:	Street Address:							
Ç	City, State, Zip:							
Applicant Contact:	Name:		Secondary Contact:	Name:				
	Title:		,	Title:	tle:			
Phone:		Fax:	Phone:		Fax:			
Email:			Email:					
Organization/Event Websit	e:	http://www.						
3. PARK, RECREATI	ON & MARINA F	ACILITIES						
and Recreation Use Permi regarding facility rentals ple Events held at Des Moines	t Application to unders ease contact the Parks Marina facilities requi	n facilities require a Park Us tand the conditions, limitations and Recreation Office at 2 re a Marina Use Permit, with larina rentals please contact	ons and fees for event 06-870-6527 or recrea h separate fees. Con	s on Parks F ation@desm ditions, fees	Property. For moineswa.gov. and limitations	nore information for events are in the		
Is your event partially or fu of Des Moines Park or Mar			Park Facility(ies) requested: Marina Facility(ies) requested:			Have you completed a Marina Use Application?		
Recreation Facility Reques Picnic Shelter Requested:	sted: Activity C Midway P		Founder's Lo	•	lave you completed a Facility Use pplication? Yes No			
4. FEES & PROCEEDS	Admission Fee? Yes No	Amount?	nt? Will you have vendors selling goods or services on city property ☐ Yes ☐ No			on city property?		
Items to be sold:	Food	Beverages	Merchandise]Services	Other		
10% of gross commercial s Parks and Recreation Dep		, admissions, souvenirs, go following the event.	ods, and services) on	Parks prope	rty must be ren	mitted to Des Moines		
5. VENDORS	Does your event have vendors selling food, beverages, merchandise or services?							
		the City of Des Moines City information and requiremen		g: 206-870-6	519 or visit <u>ww</u>	w.desmoineswa.gov		
6. ALCOHOL	The sale, service and consumption of alcoholic beverages are subject to Washington State Liquor Control Board (WSLCB) regulations, licensing and permit requirements. Special Occasion licenses are issued only to non-profit societies or organizations holding a special event at which spirits, beer or wine is sold by the drink. The City's liquor liability limits apply to events in which alcohol is sold. Non profit organizations must apply for a Special Occasion License prior to the event. Your event may require a different type of permit. Please visit the WSLCB website, www.liq.wa.gov for additional information.							
Will alcohol be sold or cons ☐ Yes ☐ No	If Yes, indicate name o	non-profit organization providing the alcohol service? Yes No es, indicate name of non-profit organization: o, indicate alcohol service provider:						
Beer/Wine Garden Day(s)	& Date(s):		Hours:					
Describe intended or reque	ested sale and/or cons	umption of alcoholic bevera	ges at your event:					

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7. FOOD	Service permits may	plan to sell food or have food vendors at your event, Public Health Seattle & King County Temporary Food e permits may be required for each food vendor or sales/serving location. Additional requirements are listed on the ation available at www.kingcounty.gov/health or contact Renton Public Health at 206-296-4700.								
Do you plan to sell food at Yes No		How many food vendors will you have at your event?			ve	Will food be hot/cold, held or cooked onsite? Yes No				
Please describe the food s	ervice at your event:									
8. NEIGHBORHOOD COMMUNICATION Please provide a community outreach and notification plan with your application for events such as parades, road races, festivals, neighborhood block parties with details regarding how residents and businesses will be notified in the neighborhood where your event takes place, and if there will be street closures, impact to parking areas, traffic delays or amplified sound.						esses				
9. AMPLIFIED SOUND/MUSIC			quired if your ever e 7:00am on we					er 10:00pm	or during early	
Does your event have amplified sound?	Does your evenusic and er		ment?		Da	ates:	tes:			
What times are you reques	sting amplified sound?	Please	e list dates and	start and end t	times be	elow:				
Date:	Date:			Date:			Date:			
Start: End:	Start:	En	ıd:	Start:	En	nd:	Start:	End:		
10. EQUIPMENT SE	T/UP	Ple	ease check all b	oxes that appl	ly:		☐ Reques	ting Electric	sity	
Commercial Signage	e	tors	s Tents/Canopies #			☐ Fireworks ☐ Portable Restrooms				
☐Inflatable's/Bouncy Toys			Hand Washing Stations Staging/] Staging/Sca	/Scaffolding			
Please contact the Departr tents/canopies at your ever					76 if you	ı have special	electrical need	ds or if you	will have	
Please list the outside com	pany/vendor that you	are usir	ng for any of the	checked boxe	es abov	re:				
11. RECYCLE & Washington State law requires vendors and organizers for festivals, sports facilities, special events and official gatherings to provide recycling containers at events where beverages in cans and/or bottles are sold. See RCW 70.93.093 for complete language.							fficial			
Will beverages in cans or bottles be sold at your event? Are you pro your event?			e you providing ur event?	,	ainers a	How many recycling containers will you have at your event?			tainers will you have	
How many large trash dumpsters will you have onsite at your event? What size?			How ma event?	How many large recycling dumpsters will you have onsite at your event? What size?						
How many waste containers will you Will you be managing have at your event? Will you be hiring an				your own waste and recycling? U Yes No Substitute Yes No						
If you are hiring an outside numbers for them. Name			ompany you are		and inc	lude onsite, w	eekend or eme	ergency		
Telephone Email										
Please describe your waste	e and recycling plan.									

Please include information if applicable.	regarding collection of recyclables including cans, bottles, cardboard, paper, food and other compostable items				
12. STREET USE & METRO	Events that require the use or closure of public streets are required to submit a detailed description of the intended usage and/or closure and detailed maps to support the request. A right of way permit may be be requested/required. Please contact 206-870-6522 for more information.				
	No Parking" signs, etc., may be required by Des Moines Planning, Building and Public Works Department as Plan and are at the expense of the permit holder and are not included in the Special Event Permit Fee.				
Does your event require any street closures? YesNo	Do you plan to use street If your event requires either of these, or affects any streets, parking spaces? please attach a detailed map and description of the areas affected.				
What times are you requesting to close the streets?	Do you anticipate affecting or re-routing any Metro bus routes? Start Time:				
Please describe your stree	et use:				
13. FIRE	City special events may require fire permits. The cost of these permits may not be included in the Special Event Permit Fee. Fire permits may be required for carnivals and fairs, tents/canopies, places of assembly, open flame cooking (with propane, charcoal or wood), fireworks and other uses. Contact South King County Fire and Rescue at prevention.web@southkingfire.org Size of Tents:				
14. MEDICAL	Does your event require onsite medical assistance or first response providers standing by? Yes No				
15. POLICE & TRAFFIC	Special events may require the use of police officers for crowd and traffic control or other purposes. These needs will be determined at your event review.				
16. CITY OR PUBLIC SERVICES REQUESTED	Police Department: Crowd Control, Security or Traffic Control:				
	City Staff Presence:				
	Barricades, Street Closures or Detours				
	Special Park Maintenance or Set Up				
	Street Sweeping/Clean Up				
	Assistance with Banner or Sign Placement				

	First Aid Onsite								
	Electrical Hookup to City venue power source								
17. INSURANCE	Evidence of insurance must be provided to the Des Moines Parks, Recreation & Senior Services office no later than thirty (30) days prior to the commencement of the event. A Special Event Permit will not be issued until all insurance requirements have been received, verified and approved.								
	accompanied by the policy endorsement forms CG20 12 or 0	e City of Des Moines must be listed as an additional insured. The Certificate of Additional Insured must be companied by the policy endorsement forms CG20 12 or CG 20 26 or equivalent or it will not be accepted. ease fax or e-mail your proof of insurance to the Special Events Office, Attn: Bonnie Wilkins. Contact information on ge 1 of this form.							
18. EXEMPTION REQUEST	If Yes, state the reason for the exemption (i.e., constitutional expression are accepted reasons for an exemption; non prof	re you requesting an exemption from the Special Event Permit Fee? Yes, state the reason for the exemption (i.e., constitutionally protected free speech, religious and political expression are accepted reasons for an exemption; non profit status by itself is not sufficient for exemption). Fee exemptions apply only to the Special Event Permit Fee and do no apply to other department's permit fees.							
19. SIGNATURE	I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly. All documents received by the Special Events Office are public documents and subject to public disclosure in accordance with the State Public Disclosure Act.								
	Print Applicant's Name	_	Date						
	Applicant's Signature (see below for electronic signa	ature)	Date						
Date:			Per a c						
	By checking this box as an electronic signature, I agree to al Special Event permitting process and agree that all informati my knowledge.								
20. CITY CLEARANCES & SPECIAL CONDITIONS (City Use Only)	Police Department Approval Special Conditions Department Contact: Conditions or Comments:	☐ Yes ☐ Yes	□ No □ No						
	Estimated Cost \$								
	Building Division Approval Special Conditions Building Permit Required? Department Contact: Conditions or Comments:	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	Permit No					
	Estimated Cost \$								
	Transportation Engineering Special Conditions ROW Permit Required? Department Contact: Conditions or Comments:	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	ROW Permit No					
	Estimated Cost \$								

Marina Approval Special Conditions Department Contact: Conditions or Comments:	☐ Yes ☐ Yes	□ No □ No	
Estimated Cost \$			
Parks & Recreation Approval Special Conditions Special Event Sign Permit? Facility Use Application? Department Contact: Conditions or Comments:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No	
Estimated Cost \$			
Street Superintendent Approval Special Conditions Department Contact: Conditions or Comments:	☐ Yes ☐ Yes	□ No □ No	
Estimated Cost \$			
Surface Water Management Approval Special Conditions Department Contact: Conditions or Comments:	☐ Yes ☐ Yes	□ No □ No	
Estimated Cost \$			
SK Fire & Rescue Approval Special Conditions Department Contact: Conditions or Comments:	☐ Yes ☐ Yes	☐ No ☐ No	
South King Fire Permit Required?	☐ Yes	☐ No	
Estimated Cost \$			
City Manager/Administration Approval Special Conditions Department Contact:	☐ Yes ☐ Yes	□ No □ No	
Contract Required? City Council Resolution Required? Business License Required? Department Contact:	☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	Resolution No:
Conditions or Comments:			LIGHTSO INC.
Estimated Cost \$			
Total City Cost: \$			
Special Event Permit Fee: \$ TOTAL CHARGE: \$			